**Children and Young People’s Services**

**One Point and Think Family Personal Supervision Record**

**CONFIDENTIAL**

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| --- | --- |
| **Name of supervisee:** |  |
| **Name of supervisor:** |  |
| **Date of supervision:** |  |

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| --- |
| **Agenda (what we want to talk about)** |
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|  |  |
| --- | --- |
| **Progress towards actions from last supervision** | **Action**  (By whom/when) |
|  |  |

|  |  |
| --- | --- |
| **Well Being**   * **Health and Safety** * **Personal matters, home life** * **Sickness** * **Flexi and Annual Leave** | **Action**  (By whom/when) |
|  |  |
| **What is working well?**   * Performance * Management of work, priorities, caseload * Current duties | **Action**  (By whom/when) |
|  |  |
| * **What are you worried about?** * Performance * Management of work, priorities, caseload * Current duties * Any cases that are having a personal impact on you. URN Numbers **only** should be listed here | **Action**  (By whom/when) |
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| --- | --- |
| **Development opportunities**   * What impact have development opportunities had on your work, particularly with children and young people? * New development needs, including those stated in your PDR and linked to the targets and objectives | **Action**  (By whom/when) |
|  |  |
| **Tell me about something you have completed within your work in the last month that you are proud of?** | |
|  | |
| **Job satisfaction**  On a scale of 0-10, 10 being that everything to do with work is really good, and you feel happy and 0 is that you feel really unhappy about work and how things are going, where would you be today? | **Action**  (By whom/when) |
| |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |  |  |  |  |  |  |  |  |  |  |  |   **Why did you rate this number?**  **What would be different for you if you were to move up the scale one?**  **Are there any actions could you take to achieve this?** |  |

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| --- | --- |
| **Disagreements/differences of opinion**   * Include any actions and timescales for follow up. Where possible this should be concluded prior to next supervision. | **Action**  (By whom/when) |
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| **Read, agreed and signed as a true reflection of discussions by:** | | | |
| Supervisee: |  | Date: |  |
| Supervisor: |  | Date: |  |

|  |  |
| --- | --- |
| Supervision recorded on MyView | Yes/No |

|  |  |
| --- | --- |
| Date/time/venue of next supervision |  |